

**PITTSBURG STATE UNIVERSITY**  
**Department of Psychology and Counseling**  
**Pre-Practicum, Practicum, or Internship Application**

**TO BE COMPLETED BY GRADUATE STUDENT:**

This application must be fully completed and submitted to the advisor before midsemester prior to the desired semester of practicum or internship enrollment. Consultation with the advisor and/or program director is also necessary in planning and completing the form. It is the student's responsibility to complete and submit the form to your advisor prior to the due date. Incomplete application will NOT be approved. Please type or print.

**GRADUATE STUDENT SECTION:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Major: \_\_\_\_\_ MS Clinical Psychology      \_\_\_\_\_ MS School Counseling      \_\_\_\_\_ EdS School Psychology

Advisor: \_\_\_\_\_ Student E-mail Address: \_\_\_\_\_

Semester (Fall, Spring, Summer)/Year of **First** Desired Practicum Internship: \_\_\_\_\_

Practicum/Internship course for which you are applying (select one):

\_\_\_\_\_ 822      \_\_\_\_\_ 865      \_\_\_\_\_ 870      \_\_\_\_\_ 872

\_\_\_\_\_ 894      \_\_\_\_\_ 895      \_\_\_\_\_ 970      \_\_\_\_\_ 995

Number of Credit Hours Practicum/Internship being applied for: \_\_\_\_\_

Tentative Practicum/Internship Site: \_\_\_\_\_

Tentative Site Supervisor: \_\_\_\_\_

Printed Name of Supervisor: \_\_\_\_\_

Signature of Supervisor (School Counseling Only): \_\_\_\_\_

Semester (Fall, Spring, Summer)/Year of **Second** Desired Practicum Internship: \_\_\_\_\_

Practicum/Internship course for which you are applying (select one):

\_\_\_\_\_ 822      \_\_\_\_\_ 865      \_\_\_\_\_ 870      \_\_\_\_\_ 872

\_\_\_\_\_ 894      \_\_\_\_\_ 895      \_\_\_\_\_ 970      \_\_\_\_\_ 995

Number of Credit Hours Practicum/Internship being applied for: \_\_\_\_\_

Tentative Practicum/Internship Site: \_\_\_\_\_

Tentative Site Supervisor: \_\_\_\_\_

Printed Name of Supervisor: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Semester (Fall, Spring, Summer)/Year of **Third** Desired Practicum Internship: \_\_\_\_\_

Practicum/Internship course for which you are applying (select one):

\_\_\_\_\_ 822                  \_\_\_\_\_ 865                  \_\_\_\_\_ 870                  \_\_\_\_\_ 872

\_\_\_\_\_ 894                  \_\_\_\_\_ 895                  \_\_\_\_\_ 970                  \_\_\_\_\_ 995

Number of Credit Hours Practicum/Internship being applied for: \_\_\_\_\_

Tentative Practicum/Internship Site: \_\_\_\_\_

Tentative Site Supervisor: \_\_\_\_\_

Student Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

\_\_\_\_\_ By checking this box and typing my name above, I am electronically signing my application.

Total Graduate Credit Hours Completed at PSU: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Application for Admission to Candidacy (Program of Studies) Approved?

Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

I have discussed my proposed practicum/internship placement with the appropriate faculty supervisor.

Yes \_\_\_\_\_ No \_\_\_\_\_

**ADVISOR SECTION:**

Check type of Practicum/Internship desired and complete information on the prerequisite.

**School Counseling:** \_\_\_\_\_

Prerequisite	Completed (Entered Grade)	Taking Now
722	_____	_____
745	_____	_____
816	_____	_____
818	_____	_____
819	_____	_____

**School Psychology:** \_\_\_\_\_

Prerequisite	Completed (Entered Grade)	Taking Now
755	_____	_____
803	_____	_____

817 \_\_\_\_\_

837 \_\_\_\_\_

**Clinical Psychology:** \_\_\_\_\_

Prerequisite	Completed (Entered Grade)	Taking Now
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801 \_\_\_\_\_

803 \_\_\_\_\_

809 \_\_\_\_\_

811 \_\_\_\_\_

818 \_\_\_\_\_

819 \_\_\_\_\_

832 \_\_\_\_\_

**Advisor's Recommendation:**

\_\_\_\_\_ Prerequisites completed with satisfactory grades

\_\_\_\_\_ Grade Point Average satisfactory

\_\_\_\_\_ Sufficient coursework completed

\_\_\_\_\_ Admitted to candidacy

\_\_\_\_\_ I do recommend this applicant for practicum/internship enrollment at this time.

\_\_\_\_\_ I do not recommend this applicant for practicum/internship enrollment at this time.

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Committee Review:**

\_\_\_\_\_ Approved for Practicum

\_\_\_\_\_ Approved for Internship

**CONDITIONS:**

Must obtain approval of practicum/internship site: Yes \_\_\_\_\_ No \_\_\_\_\_

Must obtain approval of practicum/internship supervisor: Yes \_\_\_\_\_ No \_\_\_\_\_

Other Conditions: